

# SCHEDULE OF MEDICAL BENEFITS

Traditional Blue 998 – Class 0001

Class 0001	Traditional Blue 998 – Class 0001		Limitations and Explanations	Traditional Blue 998 – Class 0001	
	Basic Benefit	Major Medical		Humana Option #1 - similar benefits. \$286.42	Humana Option #2, plan 66 with custom rx. \$319.33
Individual Lifetime Maximum Benefit	Unlimited			Unlimited	Unlimited
Individual Deductible	\$0	\$100	The family deductible applies collectively to all covered persons in the same family.	\$100 annual deductible is a combined deductible for both in and out of network providers	None
Family Deductible	\$0	\$200		n/a	n/a
Coinurance	100%	80%	Coinurance percentages represent the portion of covered expenses paid by the Plan after satisfaction of any applicable deductible.	80% to 100% depending upon the service	80% to 100% depending upon the service
Individual Maximum Out-Of-Pocket Amount	\$0	\$500	Excludes deductible. When a covered person or family reaches the annual maximum, the Plan pays 100% of additional covered expenses for the remainder of the calendar year. Penalties do not apply to the out-of-pocket amount.	\$600 for both in and out of network, includes the deductible. Excludes Part D pharmacy, plan premium, worldwide coverage and extra services of private duty nursing (member's home and inpatient)	\$1,000 for both in and out of network, includes the deductible. Excludes Part D pharmacy, plan premium, worldwide coverage, extra services

Class 0001	Basic Benefit			Major Medical	Limitations and Explanations	Humana Option #1 - similar benefits	Humana Option #2
	Par	In-Area* Par	Non-Par				
Allergy Testing & Injections	N/A	N/A	N/A	80%*		80% after deductible	100% after \$10 copayment in PCP office; \$20 in Specialist
Ambulance – Ground	100%	100%	100%	N/A		100% - limited to Medicare-covered transportation	100% - limited to Medicare-covered transportation
Ambulance – Volunteer	N/A	N/A	N/A	80%*	Limited to \$25 per trip.	100% - limited to Medicare-covered transportation	100% - limited to Medicare-covered transportation
Ambulance – Air	N/A	N/A	N/A	80%*		100% - limited to Medicare-covered transportation	100% - limited to Medicare-covered transportation
Anesthesia	100%	100%	100%	N/A		100%	100%
Artificial Insemination – Physician	100%	100%	100%	N/A		not covered	not covered
Cardiac Rehabilitation	N/A	N/A	N/A	80%*	Limited to 24 visits per calendar year following an acute heart condition.	100%	100%
Chemotherapy / Radiation Therapy	100%	100%	100%	N/A		100%	Chemotherapy Drugs covered at 100%
*Deductible applies							
**In-Area includes the following counties: Clinton, Essex, Warren, Washington, Saratoga, Fulton, Montgomery, Schenectady, Albany, Rensselaer, Schoharie, Greene and Columbia.							
Certain services rendered by non-participating providers are paid at 100% up to the usual and customary amount under the Basic benefits of the Plan. Any balance over the usual and customary amount will rollover to the Major Medical benefits and will be payable subject to deductible and coinsurance.						Participants are able to seek services from any provider that accepts Medicare nationwide and those that send their bills into Humana. Should a provider not bill Humana directly, the member would forward the bill to Humana. Humana pays non-contracted providers at the same level as Medicare.	



Class 0001	Basic Benefit			Major Medical	Limitations and Explanations	Humana Option #1 - similar benefits		Humana Option #2
	Par	In-Area** Non-Par	Out-of-Area Non-Par			80% after deductible for Medicare-covered services and maintenance	Covered at 100%	
Chiropractic Care	N/A	N/A	N/A	80%*		80% after deductible for Medicare-covered services and maintenance		\$20 copayment for Medicare-covered services, not routine care
Diabetic Education	N/A	N/A	N/A	80%*	Services obtained from a participating certified diabetic educator are covered in full.			
Diabetic Equipment & Supplies	N/A	N/A	N/A	80%*		80% after deductible from DME provider; covered at 80% from pharmacy Part B		100%
Diagnostic Laboratory Services	100%	100%	100%	N/A		100%		100%
Diagnostic MRI / MRA / PET / CT	100%	100%	100%	N/A	Prior authorization is required.	Advanced imaging and nuclear medicine covered at 100%		100%
Diagnostic X-Ray	100%	100%	100%	N/A		100%		100%
Dialysis - Facility	100%	100%	100%	N/A		Covered at 100%		100%
Dialysis - Physician	N/A	N/A	N/A	80%*		Covered at 100%		100%
Durable Medical Equipment	N/A	N/A	N/A	80%*	Prior authorization is required for some equipment.	80% after deductible from DME provider or pharmacy		100%
Home Health Care	100%	100%	100%	N/A	Prior authorization is required for home health aid only. Limited to 40 visits per calendar year.	100% excludes personal home care		100%, excludes personal home care
Hospice Care	100%	100%	100%	N/A		Continued administration by Medicare		Continued administration by Medicare
Hospital - Emergency Room	100%	100%	100%	N/A		100%, including physician services		100%, including physician services
Hospital - Inpatient Acute Physical Rehabilitation Facility	100%	100%	100%	N/A	Prior authorization is required.	Covered at 100% per admission, including physician services at an inpatient hospital. Covered at 100% for days 1-100 at a Skilled nursing facility.		100%
Hospital - Inpatient Substance Abuse Hospital -	100%	100%	100%	N/A	Prior authorization is required.	Covered at 100% including physician services		100% per admission. Physicians covered at 100%
Inpatient Mental Health	100%	100%	100%	N/A		Covered at 100% including physician services. 190 day lifetime limit in a psychiatric facility.		100% per admission. 190 day lifetime limit in a psychiatric facility. Physicians covered at 100%
*Deductible applies								
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						Participants are able to seek services from any provider that accepts Medicare nationwide and those that send their bills into Humana. Should a provider not bill Humana directly, the member would forward the bill to Humana. Humana pays non-contracted providers at the same level as Medicare.		

Class 0001	Basic Benefit In-Area** Non-Par      Out-of-Area Non-Par			Major Medical	Limitations and Explanations	Humana Option #1 - similar benefits	Humana Option #2
Hospital - Inpatient Treatment Of Other Covered Conditions	100%	100%	100%	N/A	Prior authorization is required.	Covered at 100% per admission	100%, Physician services covered at 100%
Hospital - Outpatient Ambulatory Surgery or Free-Standing Surgical Facility	100%	100%	100%	N/A		Covered at 100%	100%, Physician services covered at 100%
Hospital - Pre-Admission Testing	100%	100%	100%	N/A	Should be performed within 7 days prior to admission.	Covered at 100%	100%
Hospital - Urgent Care Center	N/A	N/A	N/A	80%*		80% up to \$65 maximum out of pocket	100%
Hospital - All Other Outpatient Services	100%	100%	100%	N/A		Covered at 100%	100%
Infusion Therapy	N/A	N/A	N/A	80%*		Covered same as home health or outpatient hospital	100%
Medical Supplies	100%	Not covered	80%	N/A	Out-of-area non-participating is paid at 80% when billed with a covered room service.	DME covered at 100% from DME provider or pharmacy	100%
Orthoptic Therapy	N/A	N/A	N/A	80%*	Prior authorization is required.	Covered at 100%	100%
Orthotics & External Prosthetics	N/A	N/A	N/A	80%*		80% after deductible	100%
Outpatient Therapy - Mental Health	N/A	N/A	N/A	80%*		Covered at 100%	100%
Outpatient Therapy - Crisis Intervention	N/A	N/A	N/A	100%		Covered at 100%	100%
Outpatient Therapy - Substance Abuse	100%	100%	100%	N/A		Covered at 100%	100%
Physician Visit-Emergency Room	100%	100%	100%	N/A		Covered at 100%	100%
Physician Visit- Office / Clinic	N/A	N/A	N/A	80%*		80% after deductible	\$10 for PCP, \$20 for specialist
*Deductible applies							
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Certain services rendered by non-participating providers are paid at 100% up to the usual and customary amount under the Basic benefits of the Plan. Any balance over the usual and customary amount will rollover to the Major Medical benefits and will be payable subject to deductible and coinsurance.						No difference between in and out of area benefits. Everyone has their benefits administered in identical fashion, regardless of where one lives	
						Participants are able to seek services from any provider that accepts Medicare nationwide and those that send their bills into Humana. Should a provider not bill Humana directly, the member would forward the bill to Humana. Humana pays non-contracted providers at the same level as Medicare.	



Class 0001	Basic Benefit				Major Medical	Limitations and Explanations	Humana Option #1 - similar benefits	Humana Option #2
	Par	In-Area** Par	Non-Par	Out-of-Area Non-Par				
Physician Visit-	100%	100%	100%		N/A	Limited to 1 visit per day per physician. Consultations are limited to 2 consultations by no more than 2 consulting physicians per admission.	Covered at 100%	100% for inpatient services
Inpatient								
Physician – Inpatient Surgeon	100%	100%	100%		N/A		Covered at 100%	100%
Physician – Hospital or Free-Standing Surgical Center Surgeon	100%	100%	100%		N/A		Covered at 100%	100%
Physician – Office Surgeon	100%	100%	100%		N/A		80% after deductible	\$10 copayment
Physician – Assistant Surgeon	100%	100%	100%		N/A	Assistant surgeon in a physician's office is not covered.	Covered at 100%	100%
Post-Mastectomy Prosthetic – Facility	100%	100%	100%		N/A	Limited to 1 per affected breast per calendar year.	80% after deductible	100%
Post-Mastectomy Prosthetic – Physician	N/A	N/A	N/A		80%*		80% after deductible	100%
Post-Mastectomy Surgical Bra	N/A	N/A	N/A		80%*	Limited to 4 per calendar year.	80% after deductible	100%
Preventive Care – Routine Physical	Covered up to \$50 max per year					Limited to a maximum of \$50 per calendar year. Coverage is limited to employee only.	100% (one per year)	
(Age 50+)								
Preventive Care – Well Child Care (Birth to age 18)	100%	100%	100%		N/A	Includes immunizations.	100% (one per year)	
Preventive Care –	100%	100%	100%		N/A	Limited to 1 examination including Pap smear per calendar year.	100% coverage. Pap tests (one every 12 months for high risk) and pelvic exams (one every 24 months)	
OB/GYN								
Preventive Care – Mammograms	100%	100%	100%		N/A		100%. One per year for women age 40 and older; one baseline mammogram for women between the ages of 35 and 39	

Class 0001	Basic Benefit				Major Medical	Limitations and Explanations	Humana Option #1 - similar benefits	Humana Option #2
	Par	In-Area* Non-Par	Out-of-Area Non-Par					
Preventive Care – Colonoscopy	100%	100%	100%		N/A		100%. One every two years if at high risk or one every 10 years if not at high risk	
Preventive Care – PSA Test	100%	100%	100%		N/A		prostate cancer screening (one every 12 months for men age 50 and older)	
Private Duty Nursing	N/A	N/A	N/A		80%*	Prior authorization is required. Limited to 750 hours per calendar year.	80% after deductible. Up to 94 combined visits per year in member's home or inpatient	Not covered in home or inpatient setting
Rehabilitative Therapy –Physical/ Occupational/ Speech/Inhalation	100%	100%	100%		N/A	Limited to an aggregated limit of 120 visits per calendar year.	Covered at 100%	100%
*Deductible applies								
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							n/a	
Surgical procedures in a physicians office	Subject to deductible and coinsurance						80% after deductible	100%
Routine Vision	Not Covered						80% after deductible for 1 exam/year. \$50 allowance after deductible for contacts/glasses	
Routine Dental	Not Covered						Not covered	
Hearing aids and exams	Not Covered						Not covered	
Other preventative services						N/A	100% for abdominal aortic aneurysm screening; screening and counseling to reduce alcohol misuse; annual wellness visit; bone mass measurement; cardiovascular disease behavioral therapy; colorectal cancer screening; fecal occult blood test; flexible sigmoidoscopy; barium enema/depression screening; diabetes screening; glaucoma screening; HIV screening; immunizations; screening for lung cancer with low dose computed tomography; nutrition therapy services; obesity screening and counseling; smoking and tobacco use cessation; sexually transmitted infections screening and counseling; Welcome to Medicare preventive visit	
Skilled Nursing Facility	100%	100%	100%			Prior authorization required. Limited to 100 days per calendar year	100% after deductible up to 100 days. Plan pays \$0 after 100 days. No 3-day hospital stay is required. Physician services covered at 100%	

Class 0001	Basic Benefit			year.	Limitations and Explanations	Humana Option #1 - similar benefits		Humana Option #2
	Par	In-Area <sup>2,3</sup> Non-Par	Out-of-Area Non-Par					
Worldwide Coverage					Limited-subject to paper filing and reimbursement	\$100 separate deductible, 80% coverage, \$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare covered services		
Membership to local fitness centers	Not Covered					Siversneakers program		
Smoking Cessation	Not Covered					Comprehensive smoking cessation service with website, telephone counseling/coaching, QuitNet QuitGuide and email support		
HumanaFirst						Toll-free 24 hour, 7 day a week medica information services		
Meal Program	Not Covered					After an overnight stay in the a hospital or nursing facility, 10 nutritious, precooked frozen meals delivered to home at no cost.		
Case management	N/A					Includes no charge for case management, chronic condition management, transplant management, cariatric management, Humana achieve-combination of medical behavioral support to improve mental health issues, health coaching		
Discount programs/services	N/A					Discounts for complementary and alternative medicine including chiropractic, acupuncture and massage therapy through Healthways WholeHealth Networks; Dental; Hearing; The Biggest Loser Resort; Health Food (10% instant savings on healthy foods at Walmart); Life Fitness Home products; Seattle Sutton's Health Eating; LifeCard (medical and legal documents); Lifetime Medical Alert Systems, non-covered rx; vision, Jenny Craig, Nutrisystem		
Incentive Program	N/A					HumanaVitality is a wellness reward program that engages Medicare beneficiaries for doing activities that help them establish and maintain a healthy lifestyle. HumanaVitality inspires members to know and improve their individual health status through a state of the art health assessment, biometrics and a personalized pathway to wellness. As they achieve manageable health goals, Humana Vitality keeps members engaged and motivated by acknowledging their health efforts.		
Pharmacy - Tier 1		\$0			Mandatory Mail Order with 2 copays	\$0 Most generics and some brand drugs		
Tier 2		\$10				\$10 Preferred Brand and some generics		
Tier 3		\$10				\$10 Non-preferred brand		
Tier 4		\$10				\$10 Specialty		